YALE SCHOOL OF PUBLIC HEALTH - ESF-8 VIRTUAL MEDICAL OPERATION CENTER SPECIAL REPORT

# MEASLES – THE AMERICAS 2025 - 2026

| MORBIDITY AND MORTALITY` | | | | | |
|---|---|---|---|---|---|
| COUNTRY | CONFIRMED CASES 2026 | DEATHS 2026 | CONFIRMED CASES 2025 | DEATHS 2025 | 2025-2026 |
| **NORTH AMERICA – 3 ACTIVE OUTBREAKS** | | | | | |
| US | 803 (+148) | 0 | 2278 | 3 | 3081 |
| CANADA [1,2,3,] | 149 | 0 | 5,450 | 2 | 5599 |
| 1. Includes the probable cases reported by Canada under the clinically confirmed column, due to alignment with PAHO's case definition<br>2. Only Ontario's numbers for 2025 are included.<br>3. Canada lost its measles elimination status on 10 November 2025 due to the ongoing measles outbreak that began in October 2024 | | | | | |
| MEXICO | 2.027 (+550) | 2 | 6,432 | 25 | 8,459 |
| **CENTRAL AMERICA – NO ACTIVE OUTBREAKS** | | | | | |
| BELIZE | 0 | 0 | 44 | 0 | 44 |
| COSTA RICA | 0 | 0 | 1 | 0 | 1 |
| EL SALVADOR | 1 (NEW) | 0 | | | 1 |
| GUATEMALA | 41 | 0 | 1 | 0 | 42 |
| **SOUTH AMERICA – 2 ACTIVE OUTBREAKS** | | | | | |
| ARGENTINA | 0 | 0 | 36 | 0 | 36 |
| BOLIVIA | 10 (+10) | 0 | 597 (+2) | | 607 |
| BRAZIL | 0 | 0 | 38 | 0 | 38 |
| CHILE | 1 (NEW) | 0 | | 0 | 1 |
| PARAGUAY | 0 | 0 | 49 | 0 | 49 |
| PERU | 0 | 0 | 5 | 0 | 5 |
| URUGUAY | 1 (+1) | 0 | 13 (+1) | 0 | 14 |
| **THE CARIBBEAN** | | | | | |
| THE CARIBBEAN | 0 | 0 | 44 | 0 | 44 |
| TOTAL | 3033 | 2 | 14,998 | 30 | 18,021 |

## BACKGROUND

## PAHO ALERT

## UNITED STATES

## FLORIDA

## SOUTH CAROLINA

## ARIZONA AND UTAH

## CANADA

## ALBERTA

## MEXICO

Yale SCHOOL OF PUBLIC HEALTH

**2/8/2026**
**2300 HRS EDT**

## RISK ASSESSMENT IN OUTBREAK AREAS

| Risk for Localized Spread | Risk to unvaccinated populations in and around the outbreak areas | Risk to Children | Potential for sustained transmission |
|---|---|---|---|
| HIGH | HIGH | HIGH | HIGH |

## LINKS

**UNITED STATES**
CDC
**TEXAS LINKS**
- TEXAS DEPARTMENT OF STATE HEALTH SERVICES

**NEW MEXICO LINKS**
- NEW MEXICO DEPARTMENT OF HEALTH

**OKLAHOMA LINKS**
- OKLAHOMA STATE DEPARTMENT OF HEALTH

**KANSAS**
- KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

**ARIZONA**
ARIZONA DEPARTMENT OF HEALTH SERVICES
**UTAH**
UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES

**WHO**
**IMMUNIZATION DATA**
**PAHO**
**PAHO MEASLES**

**CANADA**
- MEASLES AND RUBELLA WEEKLY MONITORING REPORT
- ALBERTA DASHBOARD
- BRITISH COLUMBIA
- MANITOBA HEALTH
- NEW BRUNSWICK
- NOVA SCOTIA
- PUBLIC HEALTH ONTARIO
- PRINCE EDWARDS ISLAND
- QUEBEC
- SASKATCHEWAN

**MEXICO**
INFORME DIARIO DEL BROTE DE SARAMPIÓN EN MÉXICO, 2025
MEDICHIHUAHUA

**BOLIVIA**
ESTAMOS SALUD

**PARAGUAY**
**SALUS PUBLICA**

**MEASLES TESTING LABORATORIES**
- CDC MEASLES VIRUS LABORATORY

**RESOURCES FOR THE PUBLIC**
- CDC – MEASLES
- MEASLES CASES AND OUTBREAKS
- NYSDOH: YOU CAN PREVENT MEASLES
- CDC VIDEO: GET VACCINATED AND PREVENT MEASLES
- CDC VACCINE SHOT FOR MEASLES
- DIRECTORY FOR LOCAL HEALTH DEPARTMENTS

**RESOURCES FOR EMS PROVIDERS**
- GUIDANCE FOR SUSPECTED MEASLES PATIENT
- NYSDOH POLICY STATEMENT

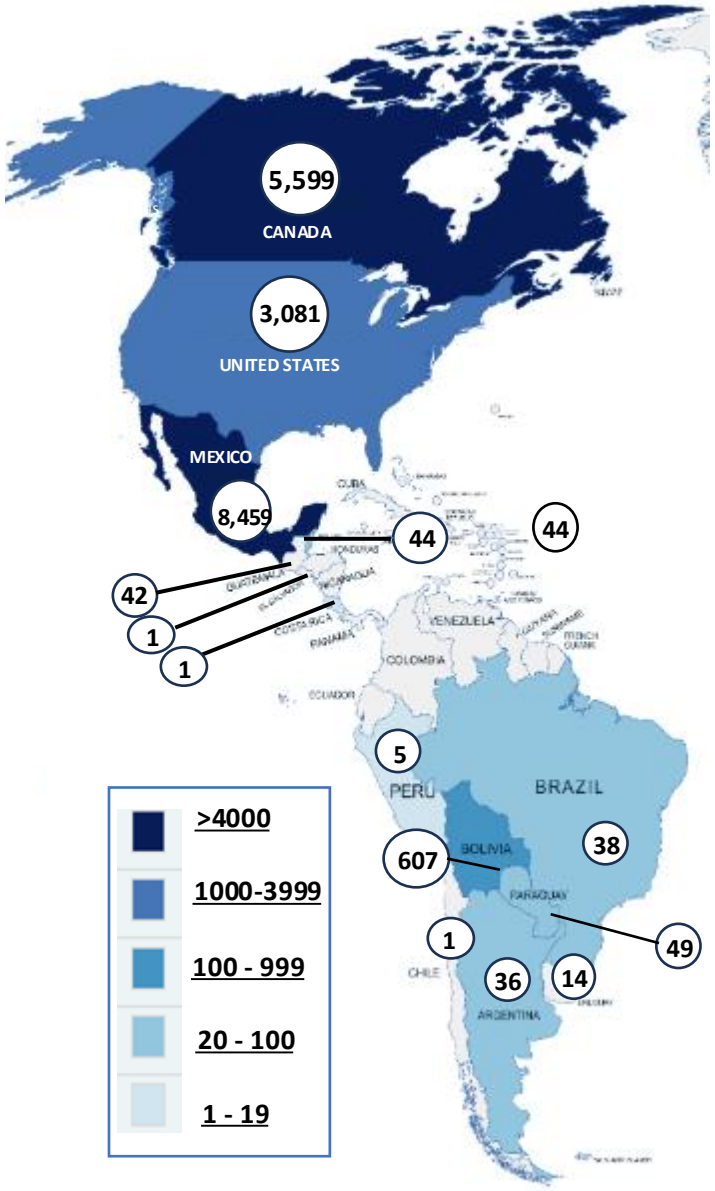
**PORTALS, BLOGS, AND RESOURCES**
- CIDRAP
- CORI
- FORCE OF INFECTION
- IVAC
- KAISER HEALTH NEWS
- MEDPAGE TODAY
- NY STATE GLOBAL HEALTH UPDATE
- THE PANDEMIC CENTER TRACKING REPORT
- YOUR LOCAL EPIDEMIOLOGIST

# BACKGROUND (2025 – 2026)

**TYPE OF PUBLIC HEALTH EMERGENCY: LARGE MULTINATIONAL MEASLES OUTBREAK**

Between epidemiological weeks (EW) 1 and 53 of 2025, and EW 5 of 2026, a total of **18,021 measles cases** were confirmed in the Region of the Americas, including **32 deaths**. Cases were reported across **14** countries and the Caribbean:

**Argentina** (n = 36), **Belize** (n = 44), the Plurinational State of **Bolivia** (n = 607), **Brazil** (n = 38), **Canada** (n = 5,599, including 2 deaths), **Chile** (1), **Costa Rica** (n = 1), **El Salvador** (n-1)**Guatemala** (n = 42), **Mexico** (n = **8,549**, including 27 deaths), **Paraguay** (n = 49), **Peru** (n = 5), the **United States of America** (n = 3,081, including 3 deaths), **Uruguay** (n = 14), and **The Caribbean** (n = 44).




**EPIDEMIOLOGICAL AND POLICY CONTEXT**

Measles transmission across the Americas has re-accelerated since early 2025, driven by sustained outbreaks in under-immunized communities and compounded by increased travel, seasonal respiratory virus activity, and gaps in routine vaccination coverage. After a brief decline, case counts rose again—particularly in the United States and Mexico—demonstrating persistent transmission within active outbreak settings and ongoing cross-border risk.

**REGIONAL ELIMINATION STATUS**

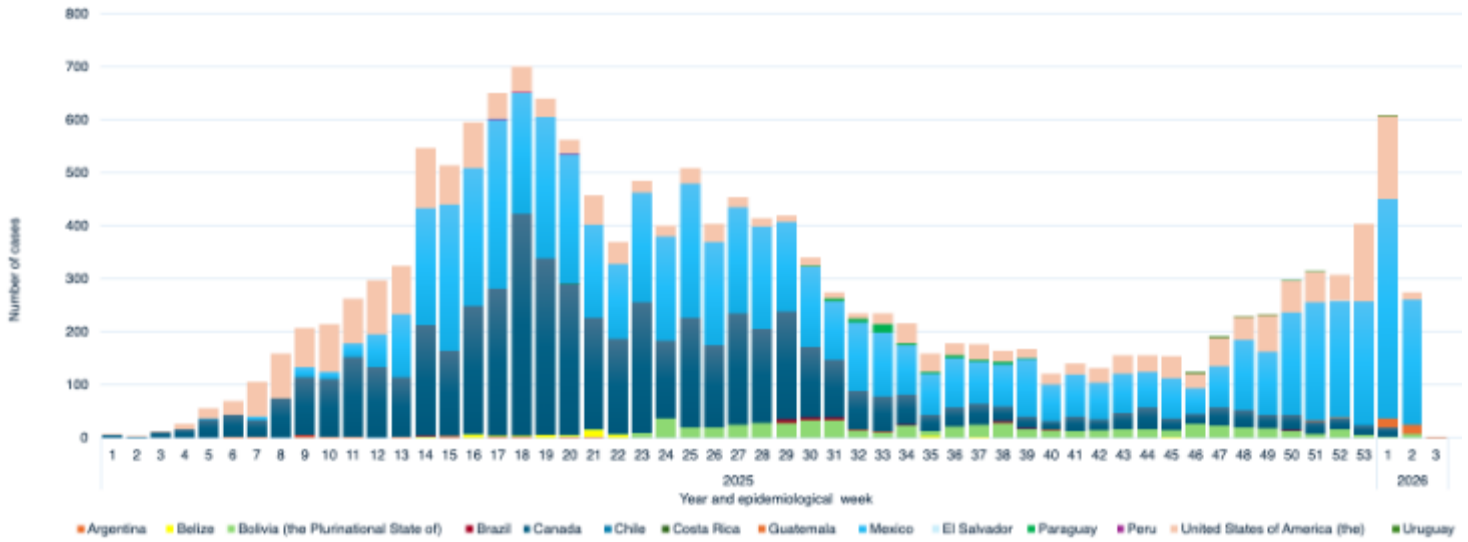
On November 10, 2025, the **Pan American Health Organization** determined that the Region of the Americas no longer meets the criteria for elimination of endemic measles transmission, following formal review by the Regional Monitoring and Re-Verification Commission. Canada was formally notified of its loss of measles-elimination status on the same date.

**PAHO has scheduled an April 13, 2026, review of both the U.S. and Mexico's outbreak data to determine whether the United States and Mexico will lose their elimination status.** While elimination status carries no direct regulatory or clinical consequences, its loss is a sentinel indicator of declining population immunity, weakened outbreak control capacity, and increased vulnerability to preventable morbidity and mortality.

# PAHO ISSUES AN EPIDEMIOLOGICAL ALERT

- The Pan American Health Organization (PAHO) has issued a new epidemiological alert on measles for the Region of the Americas, calling on countries to intensify epidemiological surveillance, vaccination, and rapid outbreak response activities to interrupt transmission and protect vulnerable populations.
- Published on 3 February 2026, the alert highlights the ongoing occurrence of cases and outbreaks in several countries in the Region, against a backdrop of a sustained increase in measles cases in 2025 compared with the previous five years, a trend that appears to be continuing into 2026.
- PAHO recommends strengthening surveillance and active case finding, including laboratory diagnosis; implementing supplementary immunization activities to close immunity gaps; and ensuring a timely response to any suspected measles case.

**CONFIRMED MEASLES CASES PER EPIDEMIOLOGICAL WEEK OF RASH ONSET OR NOTIFICATION AND COUNTRY IN THE AMERICAS REGION, 2025-2026 (AS OF EW 3 OF 2026)**




**VACCINATION COVERAGE AND IMMUNITY GAPS**

- Regional MMR vaccination coverage in the Americas increased modestly in 2024 compared with 2023 (first dose: 87% → 89%; second dose: 76% → 79%) but remains well below the ~95% threshold needed to prevent measles outbreaks. Only 33% of countries and territories achieved ≥95% first-dose coverage, and just 20% met the second-dose target. An estimated 1.5 million children received no measles-containing vaccine in 2024, leaving substantial immunity gaps across the Region.

- PAHO emphasized that measles is extremely contagious yet preventable with two doses of MMR. In countries with active outbreaks, PAHO called for intensified vaccination, active case finding, and rapid response to interrupt transmission. Region-wide, PAHO underscored the need to close coverage gaps, maintain sensitive and timely surveillance, and ensure travelers are vaccinated—particularly those traveling to areas with ongoing transmission.

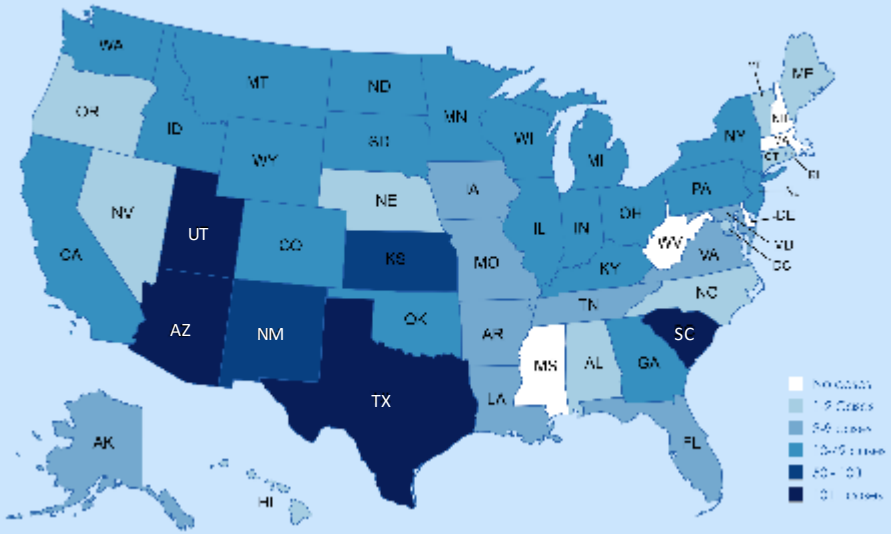
PAHO

# MEASLES CASES – AS OF 7 FEBRUARY 2026

**2026 CASES**
**803 CONFIRMED CASES**

**2025 CASES**
**2278 CONFIRMED + 4 PROBABLE CASES AND 3 DEATHS**

**2025 - 2026 CASES**
**3,081 CONFIRMED + 4 PROBABLE CASES and 3 DEATHS**




**NOTE**: The data presented on this page is preliminary. Information has been compiled from state and local health departments, news media reports, the CDC, and the Center for Outbreak Response Innovation (CORI). The numbers include confirmed and probable cases.

| STATE | CASES | | | | | DEATHS |
|---|---|---|---|---|---|---|
| | NEW | 2025+2026 | CONFIRMED 2026 | CONFIRMED 2025 | PROBABLE 2025 | 2025 |
| SOUTH CAROLINA | 73 | 920 | 590 | 330 | | |
| UTAH | 11 | 251 | 56 | 195 | | |
| ARIZONA | 10 | 254 | 34 | 220 | | |
| FLORIDA | 25 | 42 | 34 | 8 | | |
| WASHINGTON | 11 | 31 | 19 | 12 | | |
| NORTH CAROLINA | 2 | 17 | 15 | 2 | | |
| CALIFORNIA | 3 | 34 | 9 | 25 | | |
| IDAHO | 0 | 21 | 7 | 14 | | |
| SOUTH DAKOTA | 1 | 22 | 6 | 16 | | |
| VIRGINIA | 3 | 12 | 6 | 6 | | |
| OREGON | 0 | 6 | 5 | 1 | | |
| PENNSYLVANIA | 5 | 21 | 5 | 16 | | |
| KENTUCKY | 0 | 17 | 4 | 13 | | |
| OHIO | 0 | 48 | 3 | 45 | | |
| TEXAS | 0 | 805 | 2 | 803 | | 2 |
| WISCONSIN | 1 | 38 | 2 | 36 | | |
| GEORGIA | 0 | 11 | 1 | 10 | | |
| MAINE | 1 | 1 | 1 | 0 | | |
| MINNESOTA | 0 | 27 | 1 | 26 | | |
| NEBRASKA | 0 | 6 | 1 | 5 | | |
| NORTH DAKOTA | 1 | 37 | 1 | 36 | | |
| OKLAHOMA | 1 | 18 | 1 | 17 | 3 | |
| ALABAMA | | 1 | 0 | 1 | | |
| ALASKA | | 4 | 0 | 4 | | |
| ARKANSAS | | 8 | 0 | 8 | | |
| COLORADO | | 35 | 0 | 35 | 1 | |
| CONNECTICUT | | 1 | 0 | 1 | | |
| HAWAII | | 2 | 0 | 2 | | |
| ILLINOIS | | 14 | 0 | 14 | | |
| INDIANA | | 11 | 0 | 11 | | |
| IOWA | | 9 | 0 | 9 | | |
| KANSAS | | 91 | 0 | 91 | | |
| LOUISIANA | | 3 | 0 | 3 | | |
| MARYLAND | | 3 | 0 | 3 | | |
| MICHIGAN | | 30 | 0 | 30 | | |
| MISSOURI | | 7 | 0 | 7 | | |
| MONTANA | | 36 | 0 | 36 | | |
| NEVADA | | 2 | 0 | 2 | | |
| NEW JERSEY | | 11 | 0 | 11 | | |
| NEW MEXICO | | 100 | 0 | 100 | | 1 |
| NEW YORK | | 48 | 0 | 48 | | |
| RHODE ISLAND | | 1 | 0 | 1 | | |
| TENNESSEE | | 8 | 0 | 8 | | |
| VERMONT | | 2 | 0 | 2 | | |
| WYOMING | | 15 | 0 | 15 | | |
| TOTALS | 148 | 3081 | 803 | 2278 | 4 | 3 |

## OUTBREAKS

- SMALL OUTBREAK (3-9)
- MEDIUM OUTBREAK (10 - 49)
- LARGE OUTBREAK (50 OR MORE)

*An outbreak of measles is defined as three or more laboratory-confirmed cases that are temporally related and epidemiologically or virologically linked.*

### 2026

**Total: 803**

**AGES**
28% - Under 5
57% - 5-19 years of age
13% - 20+ years of age
21% - Unknown

**95%** of all cases were unvaccinated or had unknown vaccination status, **2%** had 1 MMR dose, and **3%** had 2 MMR doses.

**3% of all cases required hospitalization**
- 5% - Under 5
- 2% - 5-19 years of age
- 3% - 20+ years of age

### 2025

**Total: 2,278**

**AGES**
26% - Under 5
44% - 5-19 years of age
29% - 20+ years of age
1% - Unknown

**93%** of all cases were unvaccinated or had unknown vaccination status, **3%** had 1 MMR dose, and **4%** had 2 MMR doses.

**11% of all cases required hospitalization**
- 18% - Under 5
- 6% - 5-19 years of age
- 12% - 20+ years of age

# UNITED STATES

**CALIFORNIA:** A cluster of new measles cases reported across California has been linked to a visit to Disneyland late last month, with public health officials warning that thousands of people may have been exposed. Four measles cases have been reported in California in the past five days, and three of the infected people visited Disneyland around Jan. 28, according to a notice issued Tuesday by Plumas County Public Health.

**DISTRICT OF COLUMBIA:** DC Health was notified of multiple confirmed cases of measles whose carriers visited multiple locations in the District while contagious. DC Health is informing people who were at these locations that they may have been exposed. (See link for the date, time, and location of the potential exposure sites associated with this case of measles).

**MAINE:** The Department of Health and Human Services' Center for Disease Control and Prevention (Maine CDC) has confirmed the first case of measles on February 5th, 2026. The individual is an adult from Penobscot County who recently traveled to a state with measles cases. The individual was infectious from January 28th through February 5th, 2026.

**NEBRASKA:** Nebraska health officials have confirmed the first measles case in Lancaster County in 36 years, which is the state's fifth case in about a month's time. Lancaster County officials confirmed a rare breakthrough case of measles in a fully vaccinated adult with no out-of-state travel history.

**NORTH CAROLINA:** Since December 2025, there have been 17 measles cases. The majority of cases involve individuals aged 17 or younger; two involve individuals aged 18 or older.

**NORTH DAKOTA:** The North Dakota Department of Health and Human Services reported one confirmed case of measles in Williams County. The individual was unvaccinated and acquired measles out of state.

**OKLAHOMA:** The Oklahoma State Department of Health has reported the first confirmed measles case of 2026. The individual was unvaccinated.

**PENNSYLVANIA:**

- Five measles cases were confirmed in Lancaster County by the Pennsylvania Department of Health on January 30th, 2026. These cases involve school-aged children and young adults. One case was unrelated to the outbreak and was travel-related.

- In Collegeville (Philadelphia Metro Area), officials now confirm an individual infected with measles traveled through Montgomery County, causing exposure on January 29th. Exposure occurred at an urgent care/primary care clinic.

**SOUTH DAKOTA:** Visits to five total places in Brookings and Milbank by a Grant County man infected with measles prompted a notice from the South Dakota Department of Health on Wednesday. All six of the measles cases reported in South Dakota in 2026 have been in Grant County.

**VIRGINIA:** The Virginia Department of Health (VDH) is reporting a confirmed case of measles in a resident of the Northern Region. The patient is a pre-school age child (0-4 years). Additionally, VDH was notified of a confirmed case of measles involving a resident of another state who traveled through Ronald Regan Washington National Airport on January 26.

**WISCONSIN:** A student at the University of Wisconsin–Madison has been confirmed to be infected with measles, making this the first case in Dane County this year. Health officials say the student contracted the illness during international travel and visited several UW-Madison campus locations.

# UNIVERSITY OUTBREAKS – FLORIDA

**AVE MARIA UNIVERSITY - COLLIER COUNTY**

On February 3, 2026, **Ave Maria University in Collier County** reported a measles outbreak. Local media reported **nine confirmed cases**, with further testing pending (WINK News). By February 5, 2026, the total number of confirmed cases increased to **20** (CBS News).

According to the measles risk vaccination map, **Collier County is classified as "Higher Risk."** The county's estimated under-5 measles vaccination rate is 67.28%, significantly below the American Academy of Pediatrics (AAP)'s 92-94% herd immunity threshold.

**UNIVERSITY OF FLORIDA – ALACHUA COUNTY**

On February 5, 2026, Alachua County **reported two confirmed measles cases**. In response, the University of Florida announced that **contact tracing is underway for two classrooms** that may have been exposed to measles (WCJB).

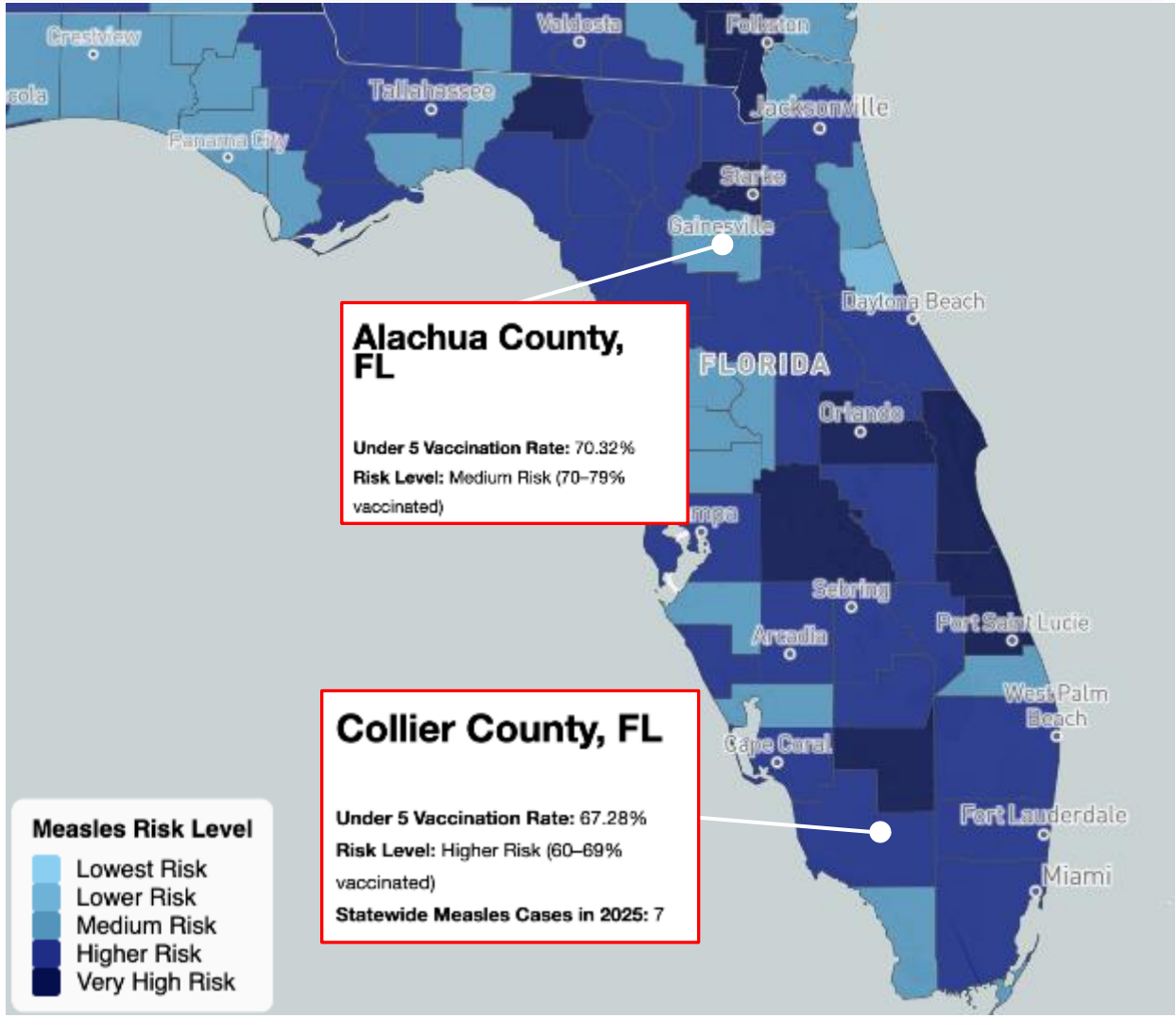
Alachua County is classified as **"Medium Risk"** on the measles risk map, with an estimated **under-5 vaccination rate of 70.32%.**

**IMPLICATIONS**

1. **Sustained transmission:** dormitory-style housing, shared classrooms, and high-contact social networks increase the probability of secondary transmission.

2. **Disruption to campus operations and learning:** Isolation, quarantine, and contact tracing can result in class disruptions and temporary closures.

3. **Spillover to surrounding communities:** proximity to neighbouring counties with similar vaccination rates raises concern for spread beyond the university campuses

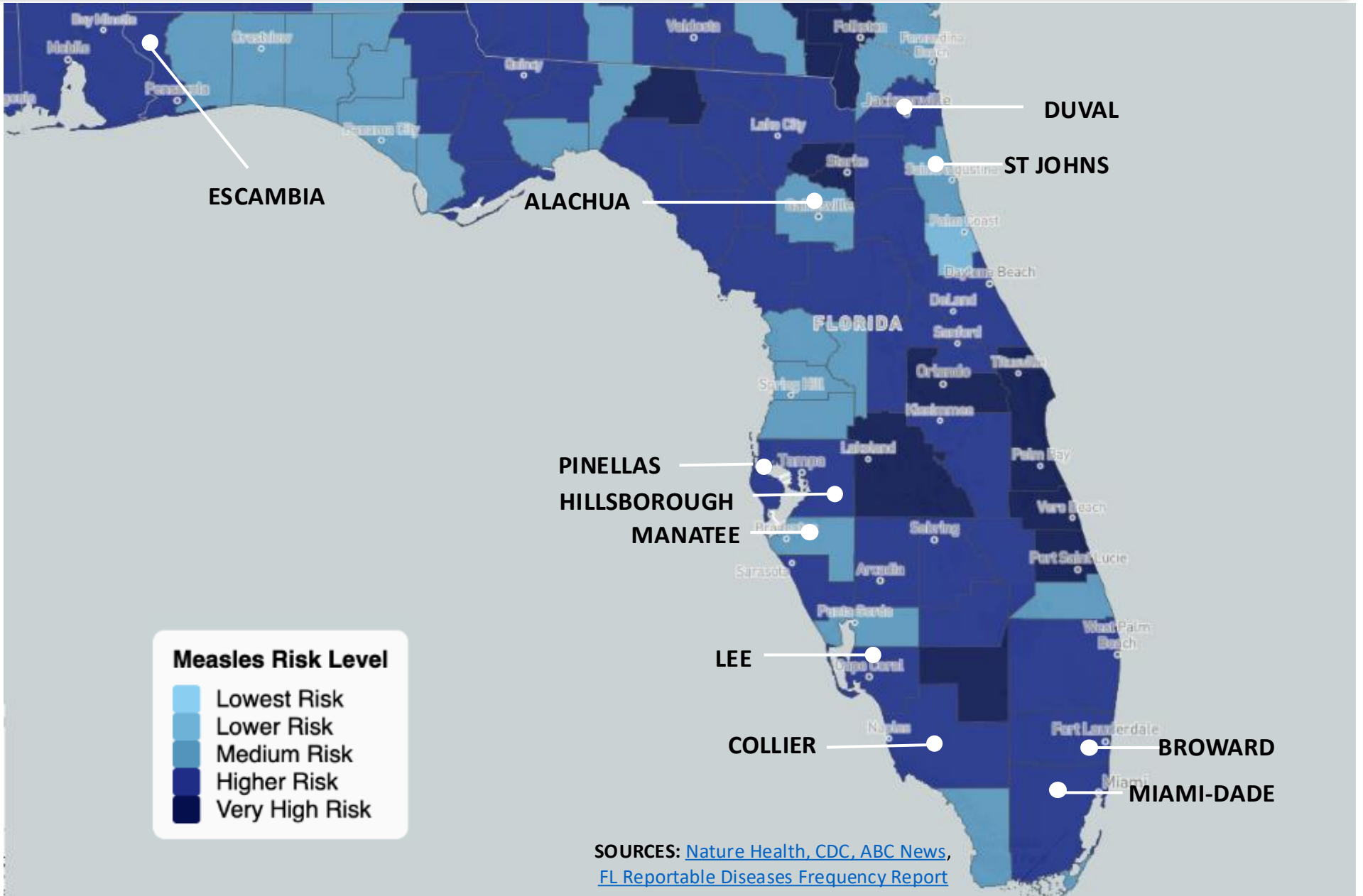



**SOURCES:** Nature Health, CDC, ABC New

# FLORIDA – MEASLES 2026

| COUNTY | CASES |
|---|---|
| Alachua | 2 |
| Broward | 1 |
| Collier | 20 |
| Duval | 4 |
| Escambia | 1 |
| Hillsborough | 1 |
| Lee | 1 |
| Manatee | 1 |
| Miani-Dade | 1 |
| Pinellas County | 1 |
| St. Johns | 1 |
| TOTAL | 34 |

NOTE: The numbers are from news reports (current) and from the Florida Department of Health (as of 1/31/2026).



# UNITED STATES – SOUTH CAROLINA OUTBREAK (2025-2026)

**BACKGROUND:**

**BACKGROUND**

In July 2025, two measles cases were confirmed in South Carolina, followed by one additional case in September. All three were travel-associated, and no epidemiological link was identified between the July and September cases.

The current outbreak began on **1 October 2025**, with initial cases reported in the Upstate region, particularly **Spartanburg County**. What started as a small cluster of linked cases rapidly evolved into sustained community transmission across northwest South Carolina, including **Spartanburg, Greenville, and—more recently—Anderson, Cherokee, and Sumter counties**.

**WHY IS IT SPREADING?**

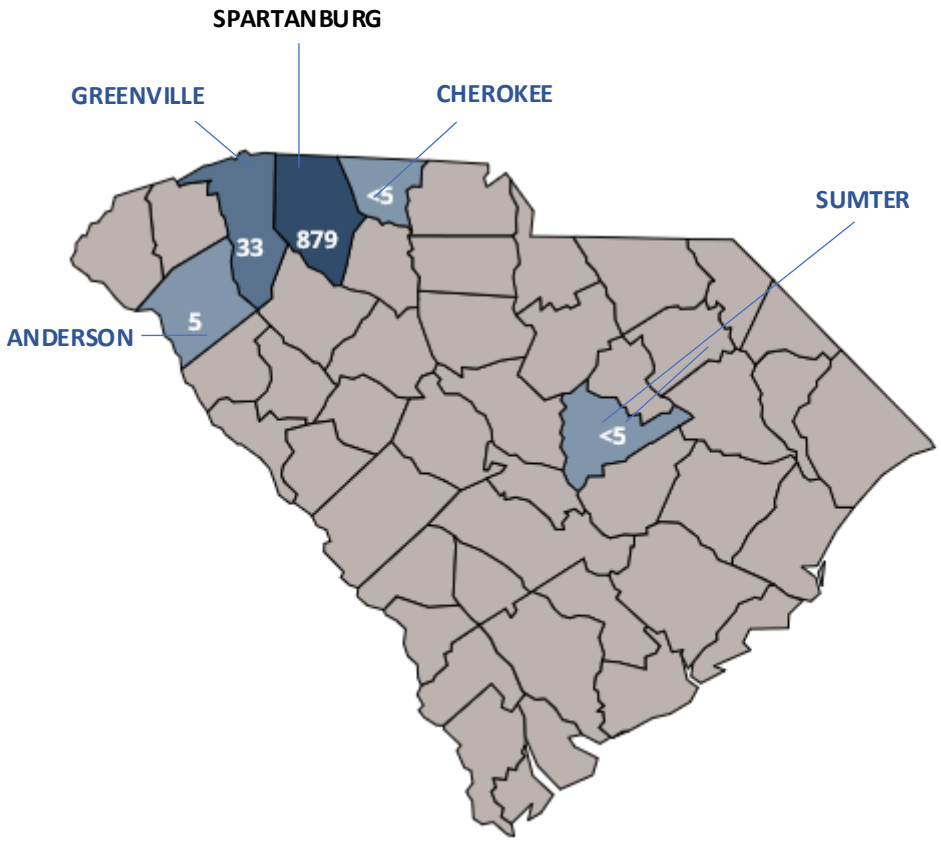
- **Low vaccination coverage:** Measles herd immunity requires approximately **95% MMR coverage**. Immunization rates in some school and community settings in Upstate South Carolina fall below this threshold, creating pockets of susceptibility.
- **Highly contagious virus:** Measles is among the most infectious pathogens known. It can remain airborne for up to two hours and is transmissible before symptom onset, accelerating spread in under-immunized communities.
- **Community exposure settings:** Transmission has occurred in public spaces, schools, and shared facilities, allowing the virus to extend beyond initial clusters.

**CURRENT SITUATION**

During the past week, the South Carolina Department of Public Health (DPH) confirmed **73 new cases** This brings the total outbreak count—first reported in October 2025—to **920 confirmed cases**.

SOUTH CAROLINA

**CASES BY COUNTY**




The South Carolina outbreak has now surpassed the Texas outbreak, which began just over a year ago. While measles cases in Texas accumulated over approximately **seven months**, South Carolina exceeded that case count in **just 17 weeks**, reflecting a markedly faster transmission trajectory.

# UNITED STATES – SOUTH CAROLINA OUTBREAK (2025-2026)

| SOUTH CAROLINA | | |
|---|---|---|
| CASES: 920 +2 Cases in 2025 not associated with the outbreak. | HOSPITALIZATIONS: 19 | DEATHS: 0 |

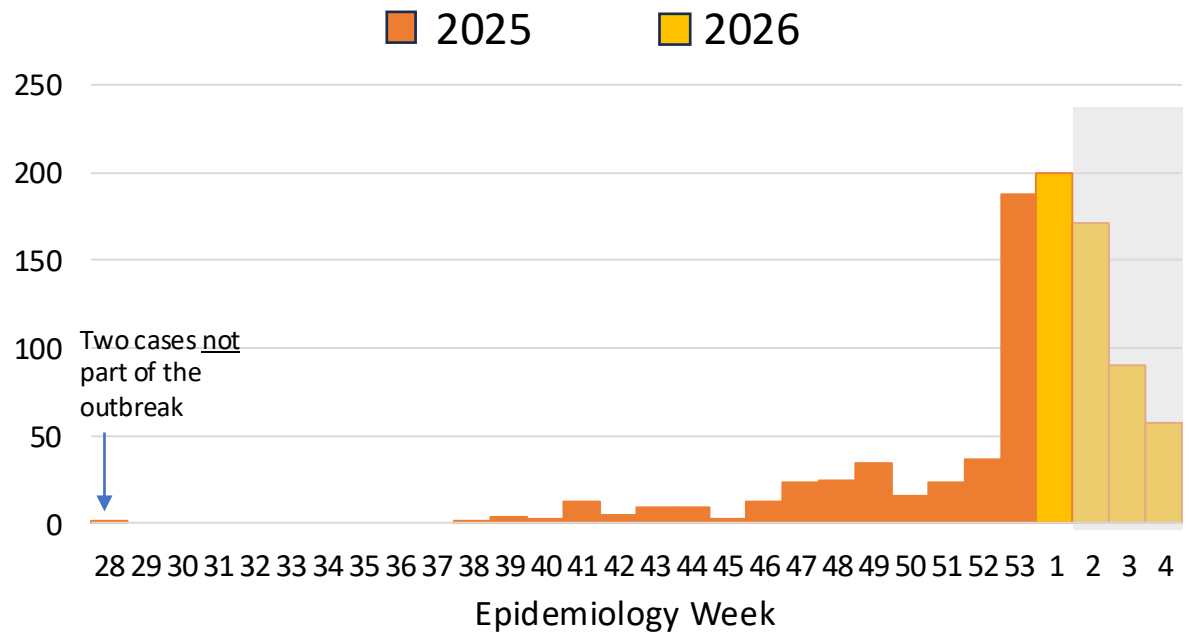
**AGES:**

- < 5: 240
- 5-11: 412
- 12-17: 172
- 18-29: 45
- 30-49: 30
- 50+ : 5
- Unknown: 16

**VACCINATION STATUS:**

- 840 unvaccinated
- 20 partially vaccinated
- 24 vaccinated
- 36 unknown

**EPI CURVE FOR MEASLES CASES IN SOUTH CAROLINA, 2025 -2026**




**COMMUNITY TRANSMISSION: ONGOING**

- While most new cases are among close contacts of known infections, the growing number of reported public exposure sites indicates ongoing community transmission. This increases the risk of exposure and infection for individuals who are not immune through vaccination or prior measles infection.

- South Carolina's vaccination rate for kindergarteners has decreased in the past 5 years, with many current cases being children under 5.

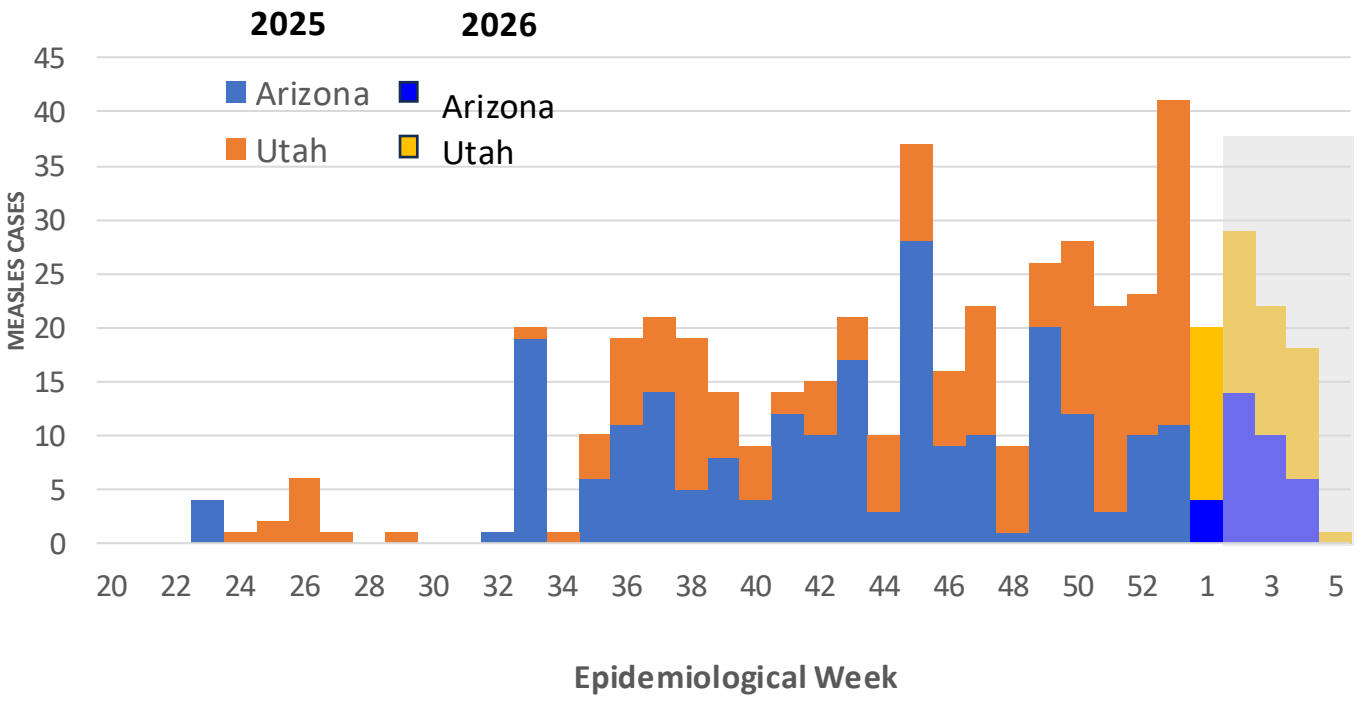
- There are currently 227 people in quarantine and 8 in isolation. The latest end of quarantine for these is 2 March 2026.

**Mobile Health Unit (MHU) Vaccines Activation**: Deployment of vaccines at no cost. Department of Public Health has provided a Vaccine locator.

# UNITED STATES – ARIZONA AND UTAH OUTBREAK

## EPI CURVE FOR MEASLES CASES IN ARIZONA AND UTAH, 2025 -2026

MMWR year 2025, MMWR week 1 started on 12/29/2024. For MMWR year 2026, MMWR week 1 starts on 1/4/2026.




**BACKGROUND:** The outbreak originated in communities in the **Shore Creek area** along the border of **Hildale, Utah, and Colorado City, Arizona**, where residents frequently move between states and vaccination coverage has historically been low. Utah reported initial cases in May and June 2025, followed by a marked escalation after an outbreak in August. With school reopening in August and September, transmission intensified among school-age children, who became the primary affected group.

Cross-border spread became evident in August 2025 when cases emerged in Colorado City, Arizona, confirming sustained transmission across state lines driven by community and household exposure rather than isolated clusters.

**By late 2025 and into 2026:**

- **Utah reported more than 251 confirmed cases** associated with this outbreak.
- **Arizona** reported **254** cases, with **239 cases directly tied to the outbreak.**

**Low vaccination coverage** remains the central driver. Measles herd immunity requires approximately **95% population immunity**; coverage in affected areas has remained below this threshold, enabling sustained transmission. Unvaccinated individuals are at especially high risk, as measles is among the most contagious infectious diseases, with infection occurring in up to **90% of susceptible contacts** following exposure.

**FACTORS DRIVING THE OUTBREAK:**

- Low vaccination coverage: Several communities along the Utah–Arizona border have MMR rates below the ~95% needed for herd immunity, creating large pools of susceptible individuals.
- Extreme contagiousness of measles: Measles spreads easily through the air, with up to 90% of unvaccinated people becoming infected after exposure.
- Cross-border community movement: Frequent travel and social ties between northern Arizona and southern Utah have allowed the outbreak to move rapidly across state lines.
- Introduction through travel: Imported cases seeded local transmission, which then expanded quickly in under-immunized communities.
- Close-contact settings: Schools, households, religious gatherings, and community events have amplified the spread once measles was introduced
- Delayed interruption of transmission: Sustained spread over multiple months reflects gaps in rapid vaccination uptake and outbreak containment

# UNITED STATES – ARIZONA (2025-2026)

## ARIZONA OUTBREAK (2025-2026)

**CASES: 239( +8) +15 (+2) CASES NOT ASSOCIATED WITH THE OUTBREAK** | **HOSPITALIZATIONS: 14 (5.2%)** | **DEATHS: 0**

**AGES:**

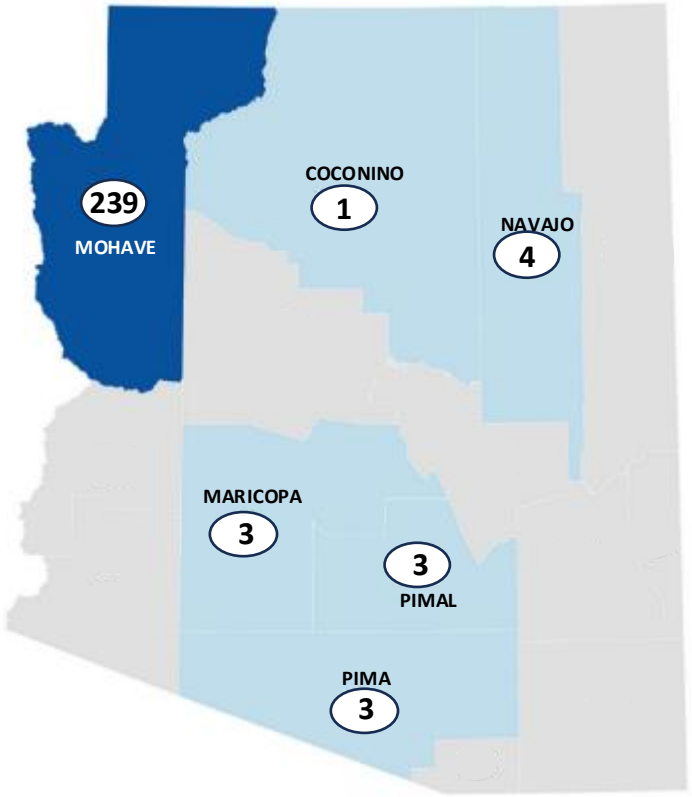
- <18: 171(67%)
- 18+: 83 (33%)

**VACCINATION STATUS:**

- Unvaccinated: 246 (97%)
- Vaccinated: 8 (3%)

**OUTBREAK OVERVIEWS:**

- The measles outbreak in Mohave County began in early August 2025 in Colorado City. Ongoing contact between closely connected communities across the Utah–Arizona border facilitated spread; Utah public health officials have confirmed that the Utah and Arizona outbreaks are epidemiologically linked. Sustained community transmission is occurring.
- On 16 January 2026, the Pinal County Public Health Services District reported its first measles case in a decade. Since that time, two additional cases have been confirmed, all involving individuals in federal custody at the Florence Detention Center in Pinal County
- On 23 January 2026, Maricopa County declared a measles outbreak, citing confirmation of community transmission, indicating spread beyond institutional settings.




**MEASLES CASES BY COUNTY JURISDICTION**

| Jurisdiction of Cases | 2025 | 2026 |
|---|---|---|
| Apache | 0 | 0 |
| Cochise | 0 | 0 |
| Coconino | 1 | 0 |
| Gila | 0 | 0 |
| Graham | 0 | 0 |
| Greenlee | 0 | 0 |
| La Paz | 0 | 0 |
| Maricopa | 0 | 3 |
| Mohave | 214 | 25 |
| Navajo | 4 | 0 |
| Pima | 1 | 3 |
| Pinal | 0 | 3 |
| Santa Cruz | 0 | 0 |
| Yavapai | 0 | 0 |
| Yuma | 0 | 0 |
| Totals | 220 | 34 |

**RESPONSE:**

- Local and state health departments are working to conduct contact tracing, isolate cases, set up vaccination clinics, and raise awareness among local schools and businesses.
- Due to the ongoing outbreak and to provide additional surveillance, ADHS is currently testing wastewater for measles at select sites. This data is provided to county health departments who determine if public health action is warranted.

# UNITED STATES –UTAH

**UTAH OUTBREAK (2025-2026)**

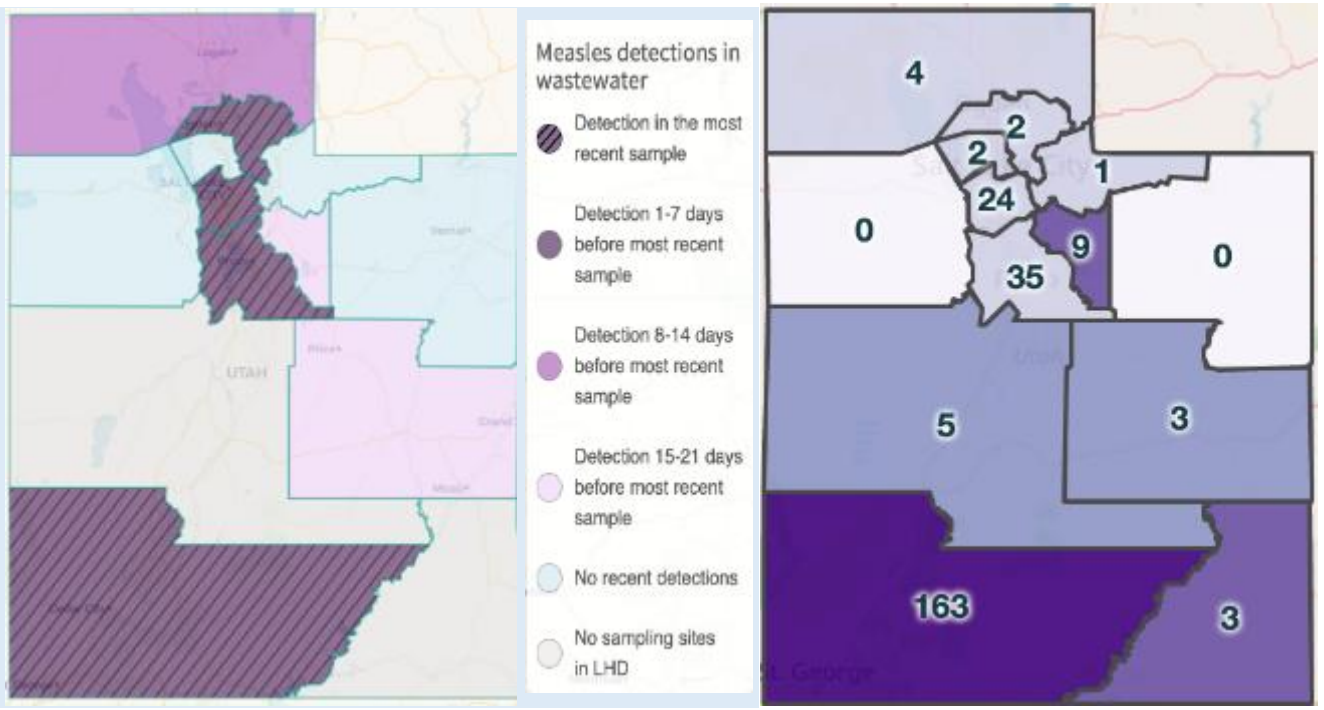
| 251 (+14) CASES: ASSOCIATED WITH THE OUTBREAK | HOSPITALIZATIONS: 23 (9.16%) | DEATHS: 0 |
|---|---|---|

**OUTBREAK OVERVIEW:** After sporadic cases in late May and June, the outbreak in Utah accelerated following a large gathering in mid-August. In early September, subsequent exposure events included a healthcare facility, a fast-food restaurant, and schools. Most cases are in school-aged children; however, in recent weeks, there has been a minimal increase in adult cases. The outbreak has now reached Salt Lake County, Central Utah, Utah County, and Wasatch County.

**RESPONSE:** The outbreak response is ongoing, including contact tracing, risk communication, vaccinations, and wastewater surveillance. After wastewater samples in Provo (where Brigham Young University is located) tested positive for measles in July, the Utah Department of Health and Human Services expanded testing from 2 to 35 sites statewide. Exposure locations and symptom watch times are publicly available.

**Wastewater dashboard - Utah**

The Utah Department of Health and Human Services is now testing wastewater for measles. Recent tests show the virus is present in wastewater in several health districts, which means it's more widespread in the state than previously known.




**AGES:**

<18 years = 153
18+ years = 98

**VACCINATION STATUS:**

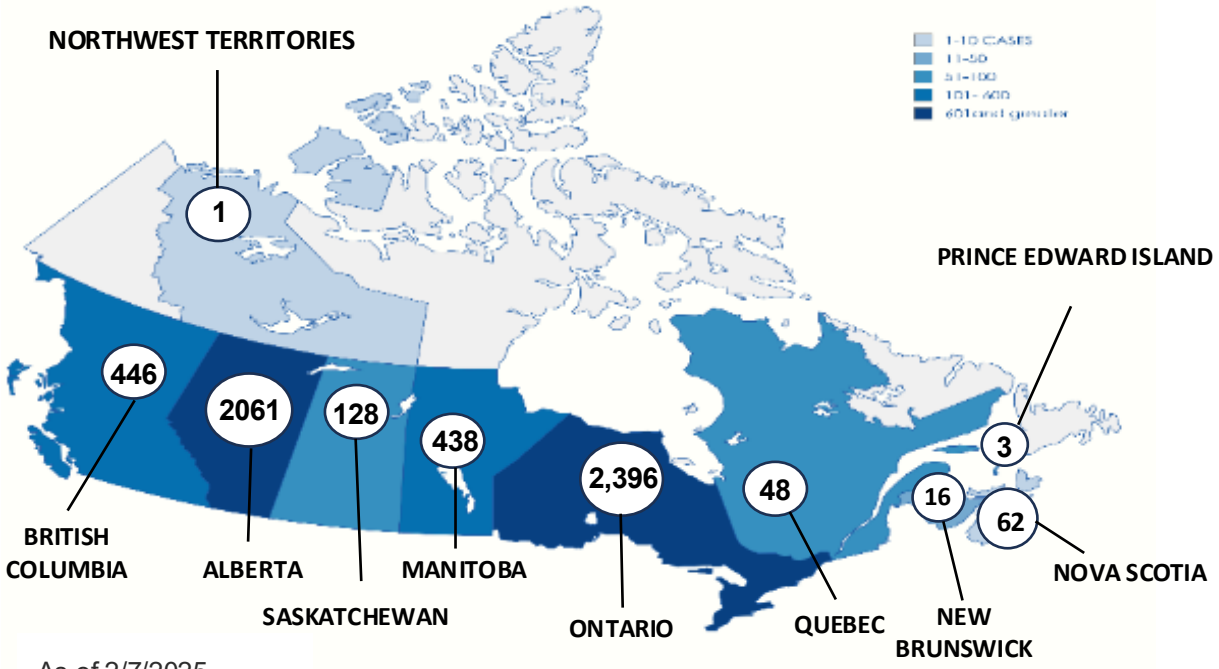
- Unvaccinated: 221 (88%)
- Vaccinated: 18 (7.2%)
- Unknown: 12 (4.8%)

**SOURCE:** Utah Department of Health and Human

# CANADA – CURRENT SITUATION (2025 – 2026)

| PROVINCE | 2026 CASES | | | 2025 CASES | | | 2026 +2025 TOTALS |
|---|---|---|---|---|---|---|---|
| | CONFIRMED | PROBABLE | TOTAL | CONFIRMED | PROBABLE | TOTAL | |
| ALBERTA | 2014 | 0 | 2,014 | 47 | 0 | 47 | 2,061 |
| BRITISH COLUMBIA | 406 | 25 | 431 | 13 | 2 | 15 | 446 |
| MANITOBA | 327 | 29 | 356 | 74 | 8 | 82 | 438 |
| NEW BRUNSWICK | 16 | 0 | 16 | 0 | 0 | 0 | 16 |
| NORTHWEST TERRITORIES | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| NOVA SCOTIA | 49 | 13 | 62 | 0 | 0 | 0 | 62 |
| ONTARIO [1] | 2,081 | 315 | 2,396 | 0 | 0 | 0 | 2,396 |
| PRINCE EDWARD ISLAND | 3 | 0 | 3 | 0 | 0 | 0 | 3 |
| QUEBEC | 45 | 0 | 45 | 3 | 0 | 3 | 48 |
| SASKATCHEWAN | 126 | 0 | 126 | 2 | 0 | 2 | 128 |
| TOTALS | 5068 | 382 | 5,450 | 139 | 10 | 149 | 5599 |

1. Ontario numbers now reflect January 1, 2025 – January 8, 2026. There have been no new cases since December 2025.




As of 2/7/2025

**5,599 Cases (5,207 Confirmed and 392 Probable)**

**In 2025, 5,450 cases were reported, and 2 deaths.**

**In 2026, 149 cases have been reported, and no deaths.**

Measles was first eliminated in Canada in 1998. In 2025, Canada's measles elimination status was lost due to sustained transmission of the measles virus strain associated with the multijurisdictional outbreak for more than 1 year.

**SOURCES:** MANITOBA HEALTH, ALBERTA DASHBOARD, QUEBEC, PUBLIC HEALTH ONTARIO, SASKATCHEWAN, CA MEASLES AND RUBELLA WEEKLY MONITORING REPORT, BC, NEW BRUNSWICK, NOVA SCOTIA

# OUTBREAK – ALBERTA

| MORBIDITY AND MORTALITY | | | |
|---|---|---|---|
| PROVINCE | CASES | HOSPITALIZATIONS | DEATHS |
| ALBERTA | 2,061 (+6) | 165 (16 ICU)<br>(0 Currently Hospitalized) | 1 |

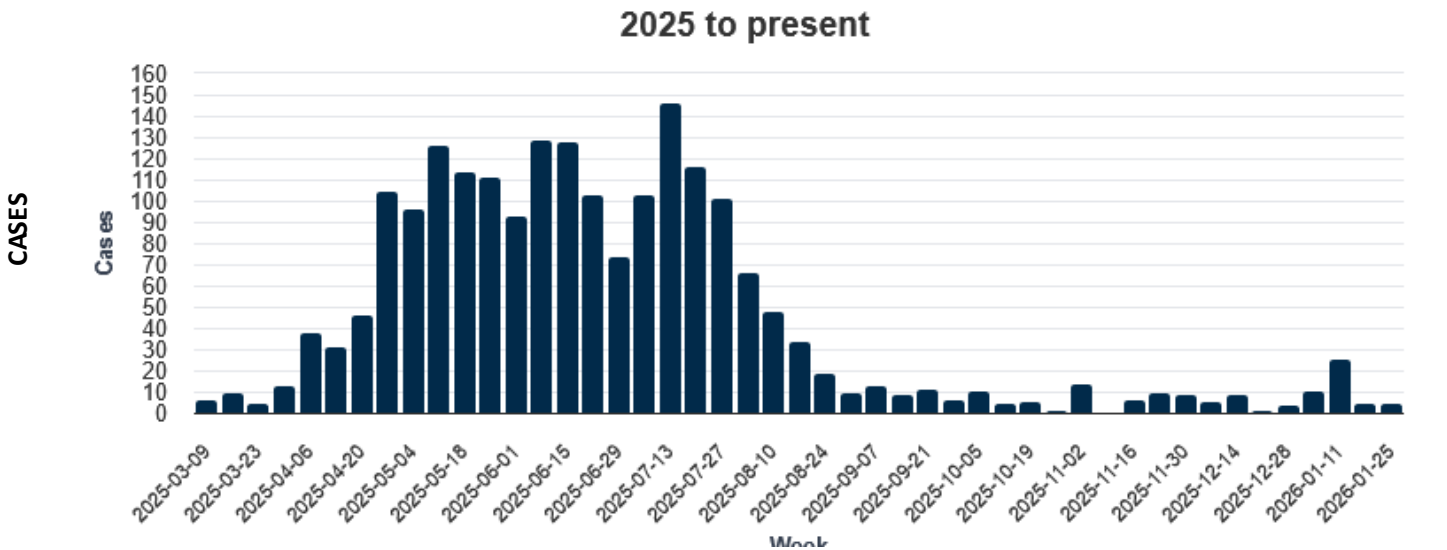
| IMMUNIZATION STATUS | COUNT |
|---|---|
| Unimmunized | 1,847 |
| 1 dose | 53 |
| 2 or more doses | 78 |
| Unknown | 83 |

| AGE RANGE | NUMBERS |
|---|---|
| <5 years | 599 |
| 5 to 17 years | 910 |
| 18 to 54 years | 543 |
| 55 years and older | 9 |

**Multi-Jurisdictional Outbreak**

- Measles transmission is currently occurring in Alberta, affecting individuals of all ages – including infants, children, and adults. Most reported cases have been in children under 5 years old and those aged 5 to 17 who are not immunized.
- Cases have been reported in all zones of the province, with the highest numbers in the north, south, and central zones. Due to the number of people in these areas who may not be immune to measles, some cases are likely going undetected or unreported.
- Alberta Health Services shares known public exposure locations for the Edmonton, Calgary, Central, and parts of the North Zone. A standing exposure advisory has been issued for the South Zone and areas of the North Zone. Site-specific exposure advisories will no longer be issued in these locations.
- Alberta reported its first death of an infant from measles in October.

**NUMBER OF MEASLES CASES BY WEEK OF RASH ONSET, 1/1/2025 – 1/24/2026**



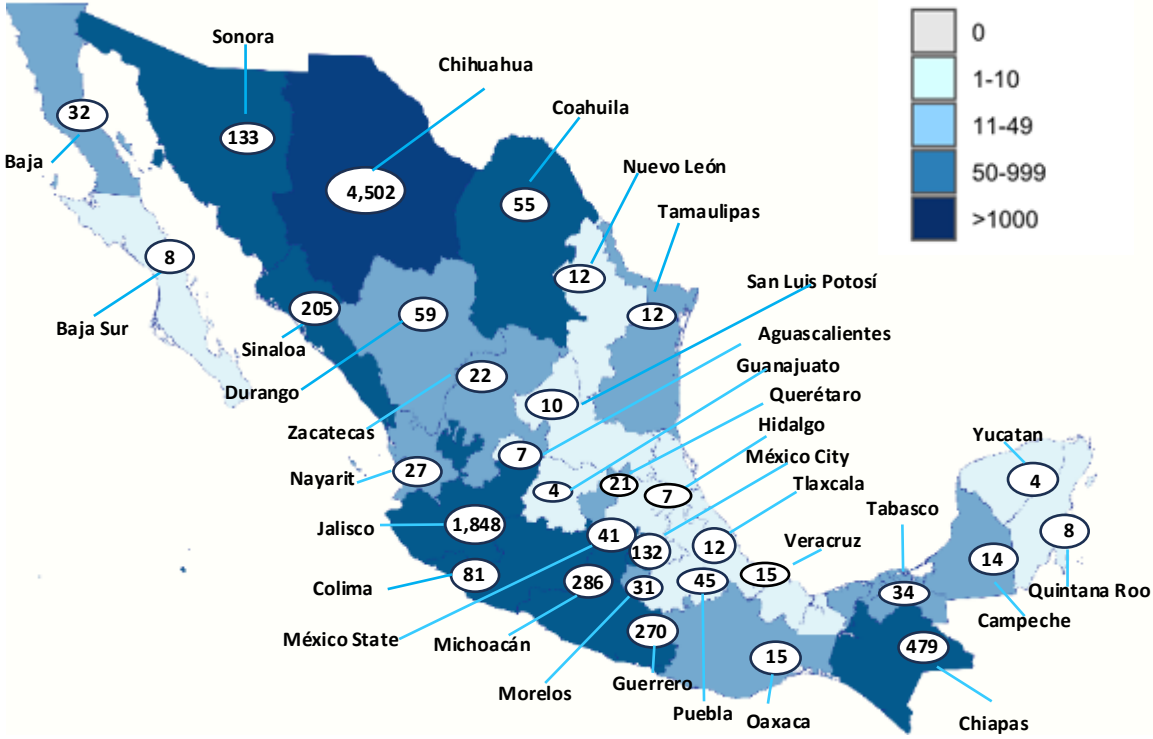

ALBERTA DASHBOARD
CA MEASLES AND RUBELLA WEEKLY

# MEXICO - CURRENT SITUATION (2025 – 2026)

| 2025 | | | 2026 | | | 2025-2026 |
|---|---|---|---|---|---|---|
| STATE | CASES | | STATE | CASES | | TOTAL CONFIRMED CASES 2025-2026 |
| | CONFIRMED | PROBABLE | | CONFIRMED | PROBABLE | |
| AGUASCALIENTES | 2 | 150 | AGUASCALIENTES | 6 | 53 | 8 |
| BAJA CALIFORNIA | 21 | 254 | BAJA CALIFORNIA | 11 | 177 | 32 |
| BAJA CALIFORNIA SUR | 8 | 68 | BAJA CALIFORNIA SUR | 0 | 3 | 8 |
| CAMPECHE | 14 | 99 | CAMPECHE | 0 | 2 | 14 |
| CHIAPAS | 247 | 552 | CHIAPAS | 232 | 1030 | 479 |
| CHIHUAHUA | 4493 | 6239 | CHIHUAHUA | 9 | 44 | 4502 |
| CIUDAD DE MEXICO | 46 | 980 | CIUDAD DE MEXICO | 112 | 371 | 158 |
| COAHUILA | 55 | 305 | COAHUILA | 0 | 11 | 55 |
| COLIMA | 32 | 85 | COLIMA | 49 | 106 | 81 |
| DURANGO | 40 | 295 | DURANGO | 19 | 44 | 59 |
| GUANAJUATO | 4 | 543 | GUANAJUATO | 1 | 36 | 5 |
| GUERRERO | 243 | 429 | GUERRERO | 27 | 58 | 270 |
| HIDALGO | 1 | 118 | HIDALGO | 6 | 48 | 7 |
| JALISCO | 665 | 1836 | JALISCO | 1183 | 2244 | 1848 |
| MÉXICO | 12 | 611 | MÉXICO | 29 | 175 | 41 |
| MICHOACÁN | 246 | 617 | MICHOACÁN | 40 | 117 | 286 |
| MORELOS | 25 | 252 | MORELOS | 6 | 40 | 31 |
| NAYARIT | 6 | 100 | NAYARIT | 21 | 45 | 27 |
| NUEVO LEÓN | 2 | 297 | NUEVO LEÓN | 10 | 106 | 12 |
| OAXACA | 6 | 91 | OAXACA | 9 | 23 | 15 |
| PUEBLA | 0 | 123 | PUEBLA | 45 | 165 | 45 |
| QUERÉTARO | 12 | 163 | QUERÉTARO | 9 | 34 | 21 |
| QUINTANA ROO | 2 | 76 | QUINTANA ROO | 6 | 30 | 8 |
| SAN LUIS POTOSÍ | 7 | 147 | SAN LUIS POTOSÍ | 3 | 18 | 10 |
| SINALOA | 90 | 226 | SINALOA | 115 | 181 | 205 |
| SONORA | 113 | 332 | SONORA | 20 | 60 | 133 |
| TABASCO | 4 | 91 | TABASCO | 30 | 165 | 34 |
| TAMAULIPAS | 12 | 130 | TAMAULIPAS | 0 | 19 | 12 |
| TLAXCALA | 0 | 43 | TLAXCALA | 12 | 47 | 12 |
| VERACRUZ | 0 | 261 | VERACRUZ | 15 | 124 | 15 |
| YUCATÁN | 2 | 67 | YUCATÁN | 2 | 14 | 4 |
| ZACATECAS | 22 | 163 | ZACATECAS | 0 | 16 | 22 |
| TOTAL | 6432 | 15743 | TOTAL | 2027 | 5606 | 8459 |

Data as of 2/5/22026

**All 32 states in Mexico have now recorded at least one case** as part of the **national outbreak that began in February 2025**.




**8,459 CONFIRMED CASES, 27 DEATHS**

SOURCE:

# MEXICO - DEATHS (2025-2026)

| STATE | MUNICIPALITY | AGE | SEX | COMORBIDITIES | DATE OF DEATH |
|---|---|---|---|---|---|
| Chihuahua | Ascensión | 31 years | Male | Type 2 Diabetes, Hypertension | 4/3/2025 |
| | Ojinaga | 7 years | Male | Lymphoblastic Leukemia | 5/2/2025 |
| | Namiquipa | 11 months | Male | Malnutrition | 5/6/2025 |
| | Ojinaga | 2 years | Female | None | 5/17/2025 |
| | Buena Aventura | 5 years 5 months | Male | Severe Malnutrition, Anemia | 6/15/2025 |
| | Meoqui | 27 years | Female | None | 6/16/2025 |
| | Cuauhtémoc | 27 years | Male | None | 5/29/2025 |
| | Cuauhtémoc | 4 years 4 months | Female | Moderate Malnutrition | 6/6/2025 |
| | Ojinaga | 2 years | Male | Intestinal Parasitic Infection | 6/27/2025 |
| | Chihuahua | 48 years | Female | None | 7/13/2025 |
| | Bocoyna | 46 years | Male | None | 7/21/2025 |
| | Carichí | 6 years 1 month | Female | None | 7/21/2025 |
| | Creel | 54 years | Male | None | 7/6/2025 |
| | Camargo | 15 years 4 months | Male | None | 8/13/2025 |
| | Camargo | 19 years 9 months | Female | None | 8/25/2025 |
| | Chihuahua | 1 year 2 months | Male | Malnutrition | 8/27/2025 |
| | Cuauhtémoc | 1 year 4 months | Male | None | 8/29/2025 |
| | Camargo | 11 months | Female | Malnutrition | 9/6/2025 |
| | Delicias | 3 years 9 months | Male | Malnutrition | 9/8/2025 |
| | Cuauhtémoc | 4 years 5 months | Female | Malnutrition | 9/9/2025 |
| | Ascensión | 11 months | Female | Malnutrition | 9/23/2025 |
| Sonora | Cajeme | 1 year 8 months | Female | Malnutrition | 05/08/2025 |
| Durango | Hidalgo de Parral | 19 years | Female | Malnutrition | 09/24/2025 |
| Jalisco | Arandas | 11 months | Female | Malnutrition | 11/10/2025 |
| | Valle de Juárez | 2 months | Male | None | 19/12/2025 |
| Michoacán | Coalcomán de Vázquez Pallares | 64 years | Male | None | 19/01/2026 |
| Tlaxcala | Apetatitlán | 13 months | Male | None | 30/01/2026 |


**27 DEATHS**

**97.2% Unvaccinated**

**3.8% Vaccinated**

SOURCE: DAILY REPORT

# CONTRIBUTORS

The Virtual Medical Operations Center Briefs (VMOC) were created as a service-learning project by the Yale School of Public Health faculty and graduate students in response to the 2010 Haiti Earthquake. Each year, students enrolled in Environmental Health Science Course 581—Public Health Emergencies: Disaster Planning and Response produce the VMOC Briefs. These briefs compile diverse information sources—including status reports, maps, curated news articles, and web content— into a single, easily digestible document that can be widely shared and used interactively.

Key features of this report include:

- **Comprehensive Overview:** Provides situation updates, maps, relevant news, and web resources.
- **Accessibility:** Designed for easy reading, wide distribution, and interactive use.
- **Collaboration:** The "unlocked" format enables seamless sharing, copying, and adaptation by other responders.

The students learn by doing, quickly discovering how and where to find critical information and presenting it in an easily understood manner.

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